

ABSTRACT

Objective. This analysis describes the HIV/AIDS services utilized in the state of Idaho for 2002. Conducted by the Idaho Department of Health and Welfare, the objectives of the analysis are to 1) describe the population accessing HIV related services, 2) identify specific HIV related services provided, and 3) examine barriers encountered when accessing HIV related services in Idaho.

Methods. Utilizing convenience-sampling techniques, 101 individuals were surveyed over a 3-month period. Of these, 96 surveys were included in the analysis. The 155 item survey included both qualitative and quantitative indicators.

Results. The most utilized services are CD4 and viral load testing (96%); case management for medical services (83%); and HIV specialty care (76%). Services reporting the least utilization are respite care (2%), childcare, WIC, and VA (all services 6%). Similarly, the services reported least necessary include childcare (93%), respite care (93%), and WIC (89%). SSI entitlements, Medicare/Medicaid services, dental care, and nutritional supplements were reported the most difficult services to access. ADAP services, CD4 and viral load testing, and HIV specialty services were ranked the most important services. Services of least importance were legal services, childcare, respite services, and WIC. Reported barriers to care include managing entitlement systems (21%); travel time/distances (15%); and financial limitations (13%).



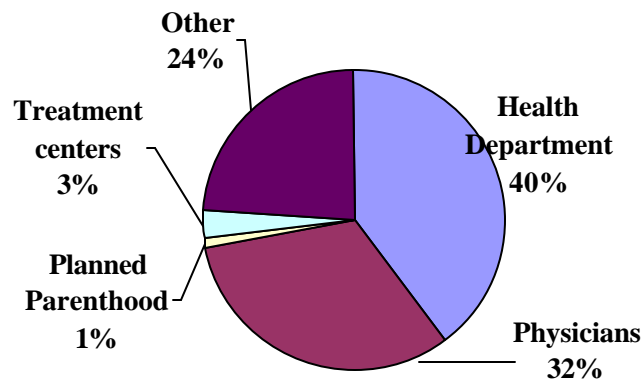
HIV/AIDS Care Services

**Consumer Survey
2002**

Introduction. The Idaho Department of Health and Welfare, in an effort to provide quality services for persons living with HIV/AIDS, conducted a survey to measure service utilization, access, and satisfaction of HIV/AIDS related services. The 155-item survey included quantitative and qualitative responses. The survey was formatted in a brochure style to promote ease in completion. The indicators included 1) demographics, 2) HIV risk exposure, 3) HIV/AIDS related medications, 4) history of diagnosis and care trajectory, 5) utilization, satisfaction, and importance of medical/dental services, mental health services, and assistance programs, and 6) barriers to HIV related services.

Sampling. From July 2002 to October 2002, surveys were offered to persons living with HIV/AIDS in Idaho. Participation was voluntary and incentives were not provided. Using convenience sampling methodology, recruitment activities were conducted at the following locations: 1) local health departments, 2) physician offices, 3) planned parenthood centers, 4) rescue missions, 5) shelters, 5) treatment centers, and 6) coffee houses. Ryan White care case managers, the North Idaho AIDS Coalition, and the 9th Annual HIV/AIDS Retreat also conducted recruitment activities. 101 surveys were completed and returned to the Idaho Department of Health and Welfare. Of these, 96 were coded and included in this analysis.

Figure 1. Distribution of Sample.



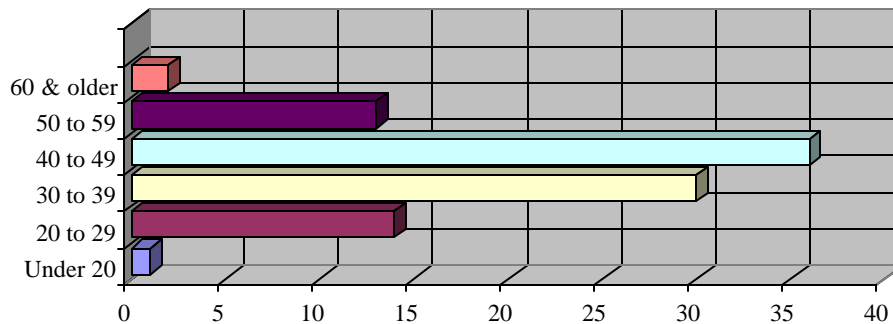
N=96

Methodology. The data were entered and analyzed in SPSS version 10.0 and permitted descriptive analysis. Consequent to small sample size, sufficient power was not available to detect significance in more rigorous techniques. When feasible, comparative analysis to data collected in the 2000 Consumer Survey and the 2002 *Epidemiological Profile of HIV/AIDS in Idaho* will be examined.

Demographics. Demographic results of this survey appear representative of those collected in the 2002 *Epidemiological Profile of HIV/AIDS in Idaho*. According to the 2002 report, 677 persons were reported living with HIV/AIDS in Idaho. Of these, 18% (n=122) were female and 82% (n=555) were male. Most cases (531/677, 78%) were persons in the 30-39 and 40-49 year old age groups (p13).

Table 1. Demographics: Gender by Race.

	MALE	FEMALE	TOTAL
WHITE	56	22	77
BLACK	4	0	4
HISPANIC	9	3	12
ASIAN/PACIFIC ISLANDER	1	1	2
AMERICAN INDIAN/NATIVE AMERICAN	1	0	1
TOTAL	71	25	96

Figure 2. Age Distribution.

N=96

Table 2. Sexual Identification.

	N	%
HETEROSEXUAL	44	47
HOMOSEXUAL	44	47
BISEXUAL	4	5
OTHER	1	1
TOTAL	93	100

Table 3. Income before Taxes.*

	n	%
UNDER \$8,000	34	49
\$8,000 TO \$16,000	18	26
\$16,001 TO \$24,000	6	8
\$24,001 TO \$32,000	8	11
OVER \$40,000	4	6
TOTAL	70	100

*NON-RESPONSE (27%)

When compared to the Consumer Survey conducted in 2000, persons reporting a “Straight/Heterosexual” identity increased from 33 percent in 2000 to 47 percent in 2002. While those responding “Gay/Lesbian” decreased from 66 percent to 47 percent.

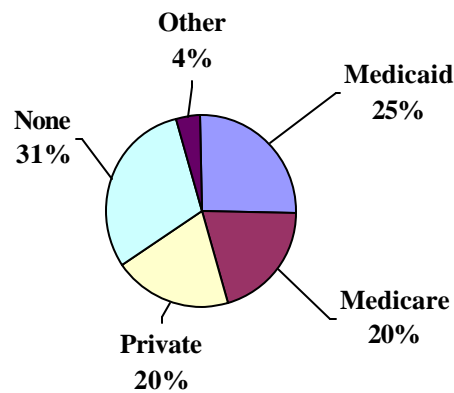
Living arrangements. Living alone was the highest reported living arrangement, (36%). Only two percent reported being homeless. 37 percent reported having at least one child. Further, eight percent reporting having at least one child who tested positive for HIV. Over half (59%) reported they would have to move if their rent/mortgage increased by \$50. Very few reported having difficulty getting housing: drug use history (1%), criminal history/prison record (4%), no prior rental history (6%), HIV status (4%), family size (2%), and other (8%). The majority response when asked to specify “other” was poor credit history.

Table 4. Living Arrangements.

	n	%
ALONE	35	36
SPOUSE/PARTNER	27	28
YOUR CHILDREN	4	4
SPOUSE & CHILDREN	11	12
PARENT(S)/FAMILY	10	11
FRIEND(S)/ROOMMATE(S)	7	7
HOMELESS	2	2
TOTAL	96	100

Health insurance. Collection and analysis of health insurance information are a new addition to the 2002 survey. “No health insurance” was the highest response category, 33 percent.

Figure 3. Distribution of Report Health Insurance

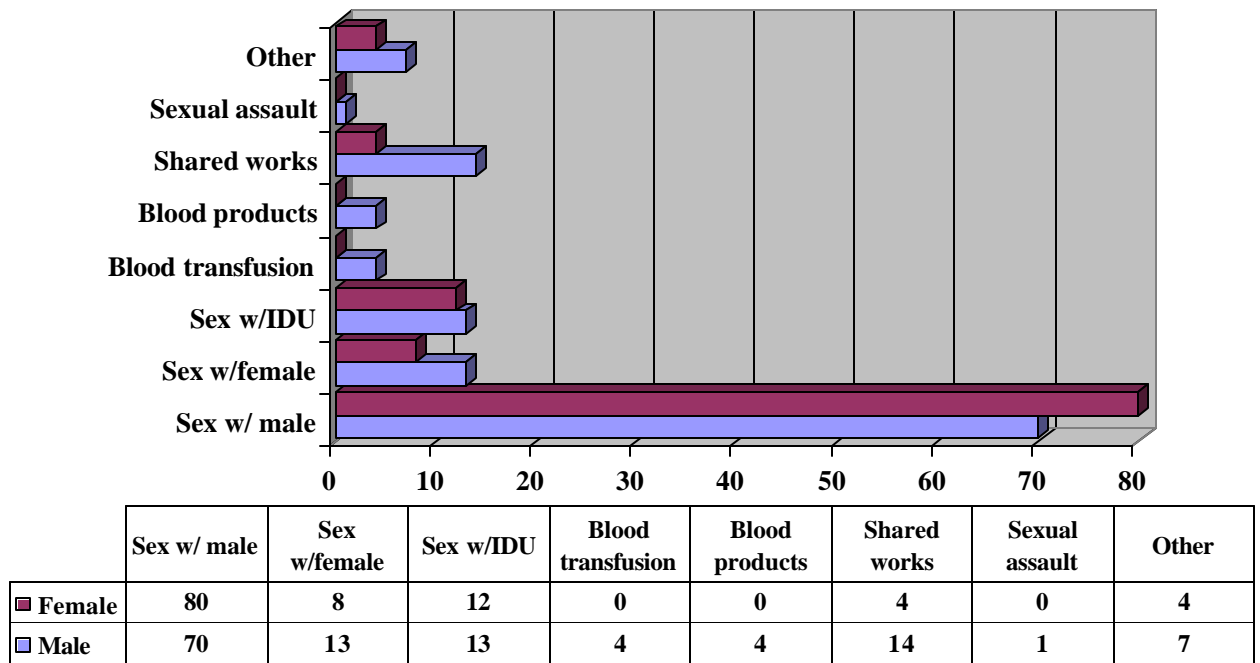


N=94

Mental health. Over half (53%), reported receiving mental health services for emotional difficulties. The non-response rate was 17 percent. The 2000 survey captured this information by inquiring if the participant had “been diagnosed with a mental illness”. The majority (73%) responded “no”.

HIV/AIDS reported risk factors. According to the *Epidemiological Profile of HIV/AIDS In Idaho 2002*, statewide, males who have sex with males (MSM) is the predominate risk factor, 45 percent. Intravenous drug use (IDU) and heterosexual contact are relatively even at 16% and 15%, respectively (p13). The data collected from this survey yield similar results. Note when interpreting the data, participants could report more than one risk exposure. Those whom reported “other” did not specify exposure.

Figure 4. Reported HIV Risk Exposure in Percent



Living with a HIV positive test result. When asked, “when did you learn you were HIV positive?”, responses were: less than 1 year, (13%); 1 to 4 years, (18%); 5 to 9 years, (30%); and 10 or more years, (40%). While 30 percent reported that they were diagnosed with HIV and AIDS at the same time, this rate has decreased over the past 10 years (see Table 5). Moreover, 46 percent reported receiving HIV medical care immediately after diagnosis and 23 percent sought care within 6 months of diagnosis.

Almost all, (90%), reported receiving regular HIV health care. This high proportion may be a direct result of recruitment practices, as the survey was primarily distributed at sites that provide HIV related medical care. When asked about medications for HIV/AIDS, 60 percent reported taking antiviral medications, 42 percent take protease inhibitors, and 19 percent take medications for opportunistic infections. Over a quarter of the sample, (27%), report taking no HIV related medications.

Table 5. Concurrent HIV/AIDS Diagnosis by Years Since Learning Positive HIV Status in Percent.

	CONCURRENT HIV/AIDS DIAGNOSIS
LESS THAN 1 YEAR	18%
1 TO 4 YEARS	18%
5 TO 9 YEARS	39%
10 YEARS OR MORE	25%
TOTAL	100%

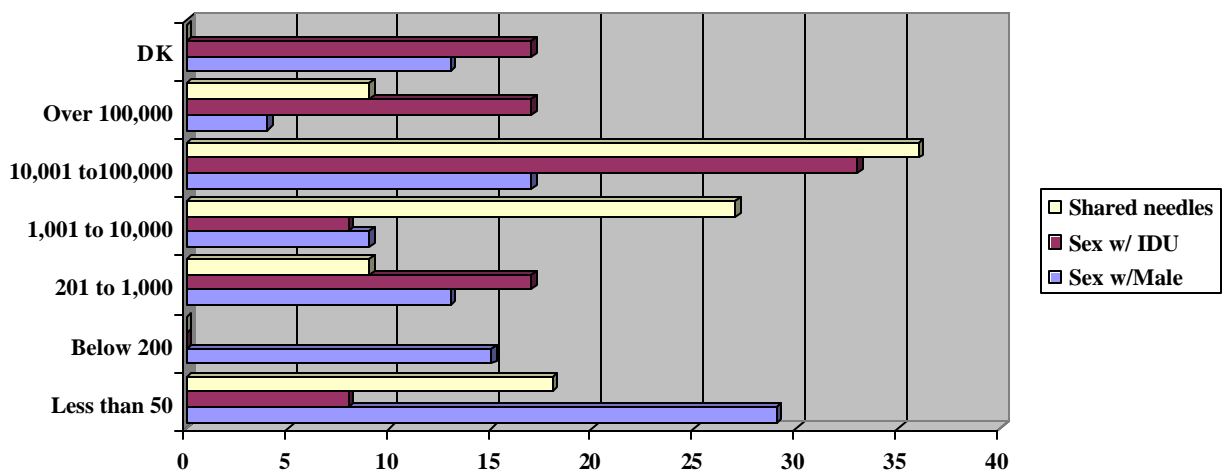
Table 6. Viral Load.

	n	%
LESS THAN 50	24	28
BELOW 200	11	13
201 TO 1,000	10	11
1,001 TO 10,000	7	8
10,001 TO 100,000	18	21
OVER 100,000	4	5
DON'T KNOW	12	14
TOTAL	86	100

Table 7. CD4 Count.*

	n	%
LESS THAN 200	10	16
200 TO 500	36	57
OVER 500	13	21
DON'T KNOW	4	6
TOTAL	63	100

*NON-RESPONSE 31%

Figure 5. Viral Load by Risk Exposure in Percent

Utilization of HIV related services. Data were collected about which HIV related services were utilized, who provided the services, which services could not be accessed, and satisfaction with those services. Due to a low response rate, provider and satisfaction information are not included in the following analyses. The most utilized services are 1) CD4 and viral load testing (96%), 2) case management for medical services (83%), and 3) HIV specialty care (76%). Services reporting the least utilization are 1) respite care (2%), childcare, WIC, and VA (all services 6%). Similarly, the services reported the least needed are childcare (93%), respite care (93%), and WIC (89%). When asked to report the service they cannot get, approximately a quarter of the respondents reported SSI and Medicare/Medicaid.

Table 8. Service Utilization in Percents.

SERVICE	NEED/ USE	DON'T NEED
CD4 COUNT & VIRAL LOAD TEST	96	4
CASE MANAGEMENT FOR MEDICAL	83	17
HIV SPECIALTY CARE	76	21
DENTAL CARE	65	16
ADAP	63	26
HIV COUNSELING & TESTING	59	38
EMERGENCY ASSISTANCE	51	37
EMERGENCY MEDICAL CARE	50	43
MEDICARE/MEDICAID	45	31
MENTAL HEALTH – SELF	40	53
SSDI	39	41
ACCESS TO SUPPORT GROUPS	38	56
TRANSPORTATION	37	54
FOOD ASSISTANCE PROGRAMS	37	50
NUTRITIONAL SUPPLEMENTS	33	46
ACCESS TO CLINICAL TRIALS	29	54
SSI	28	44
OB/GYN CARE	23	70
LEGAL ASSISTANCE	16	74
MENTAL HEALTH – FAMILY	12	83
ALCOHOL/DRUG TREATMENT	10	86
IN-HOME MEDICAL CARE	9	85
VA	6	87
WIC	6	89
CHILDCARE	6	93
RESPIRE CARE	2	93

Table 9. Unavailable Services in Percents

SERVICE	CAN'T GET
SSI	27
MEDICARE/MEDICAID	24
NUTRITIONAL SUPPLEMENTS	21
SSDI	21
DENTAL CARE	19
ACCESS TO CLINICAL TRIALS	17
FOOD ASSISTANCE PROGRAMS	13
EMERGENCY ASSISTANCE	12
ADAP	11
LEGAL ASSISTANCE	10
TRANSPORTATION	9
EMERGENCY MEDICAL CARE	7
MENTAL HEALTH – SELF	7
OB/GYN CARE	7
VA	7
IN-HOME MEDICAL CARE	6
ACCESS TO SUPPORT GROUPS	6
WIC	6
MENTAL HEALTH – FAMILY	5
RESPIRE CARE	5
ALCOHOL/DRUG TREATMENT	4
HIV COUNSELING & TESTING	3
HIV SPECIALTY CARE	3
CASE MNGMENT FOR MEDICAL	3
CHILDCARE	1
CD4 COUNT & VIRAL LOAD TEST	0

Ranking of HIV related services. Participants were asked to rank seven HIV related services in order of importance. Overwhelmingly ADAP, CD4, and HIV specialty services were the top three choices. Weighted data is presented in the table below.

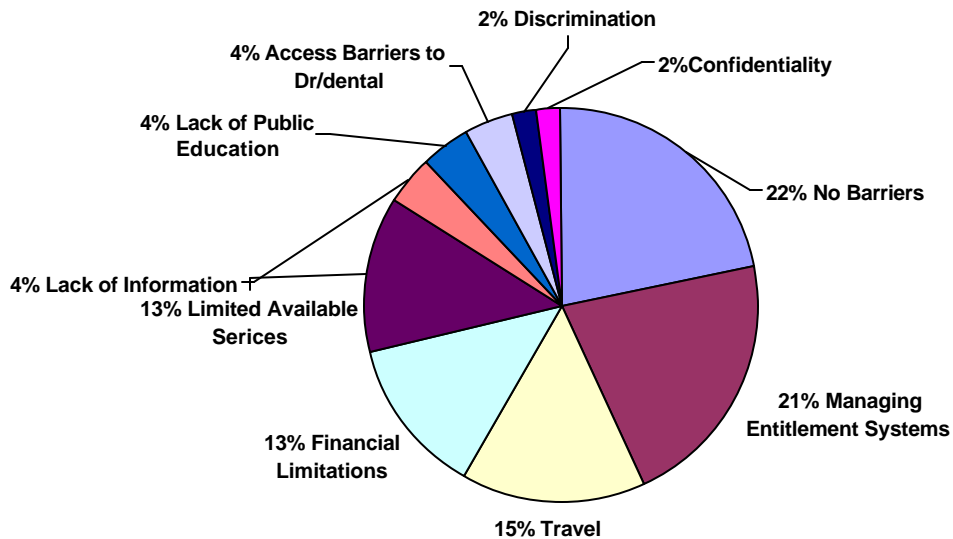
Table 10. Ranking of HIV Related Services.

	HIV RELATED SERVICE
FIRST	ADAP
SECOND	CD4/viral load
THIRD	HIV specialty care
FOURTH	Case management
FIFTH	Emergency assistance
SIXTH	Dental
SEVENTH	Medicaid

Barriers to HIV Related Services. Qualitative responses were collected about the barriers that persons living with HIV in Idaho encounter. For analysis purposes, it was necessary to recode the responses into quantitative categories. Based on a content analysis the following categories emerged: 1) no barriers faced, 2) access to medical/dental services, 3) travel time/cost, 4) financial limitations, 5) limited HIV-related services available in Idaho, 6) lack of necessary information, 7) lack of education

on behalf of physicians/public, 8) managing the bureaucratic entitlement systems (e.g. Medicare, SSDI), 9) confidentiality, and 10) discrimination/stigma. Non-response was high for this survey item, 44 percent, which may lead to bias. For instance, the analyses cannot discern why an item was left blank. Should the item be interpreted as “no barriers faced” or as missing data? The finding that the majority of respondents reported “no barriers” further complicates this bias. The data are presented in percents.

Figure 6. Barriers Faced by Persons Living with HIV in Idaho in Percents.*



N = 53

* HIGH NON RESPONSE RATE, 45%

Regions. Idaho consists of 44 counties and is organized into seven health districts. Response rates from each region are not necessarily representative of the overall population of those living with HIV/AIDS in their respective district. This limitation may create a bias so the reader is reminded to examine reported responses only in the context of this survey.

Table 11. Number of Surveys by Region.

REGION	SURVEYS COMPLETED	# OF PERSONS LIVING W/ HIV/AIDS IN REGION	% OF POPULATION SURVEYED
1	11	81	14%
2	7	33	21%
3	8	88	9%
4	35	256	14%
5	6	63	10%
6	18	64	28%
7	11	39	28%
TOTAL	96	624	15%

Summary of HIV Related Services

Region 1, (n=11).

1. HIV Related Services: Utilized
90%, CD4 count and viral load testing
80%, AIDS Drug Assistance Program (ADAP)
80%, HIV Counseling and Testing
2. HIV Related Services: Unable to Access
50%, Supplemental Security Income (SSI)
46%, Dental Care
46%, Medicare/Medicaid
3. HIV Related Services: Not Needed
90%, Alcohol/Drug Treatment
90%, Respite Care
90%, In Home Medical Care
90%, Mental Health for Family
90%, Women, Infant, and Children (WIC)
90%, Veteran's Assistance (VA)

Region 2, (n=7).

1. HIV Related Services: Utilized
100%, CD4 count and viral load testing
86%, HIV Specialty Care
86%, HIV Counseling and Testing
2. HIV Related Services: Unable to Access
57%, Dental Care
33%, Supplemental Security Income (SSI)
33%, Nutritional Supplements
3. HIV Related Services: Not Needed
100%, Alcohol/Drug Treatment
100%, Childcare
100%, Veteran's Assistance (VA)

Region 3, (n=8).

1. HIV Related Services: Utilized
100%, CD4 count and viral load testing
100%, HIV Counseling and Testing
75%, Dental Care
75%, AIDS Drug Assistance Program (ADAP)

2. HIV Related Services: Unable to Access
 - 43%, Nutritional Supplements
 - 13%, AIDS Drug Assistance Program (ADAP)
 - 13%, Dental Care
 - 13%, Supplemental Security Income (SSI)
 - 13%, Social Security Disability
 - 13%, Food Assistance Programs
3. HIV Related Services: Not Needed
 - 100%, Respite Care
 - 100%, Childcare
 - 100%, Legal Assistance

Region 4, (n=35).

1. HIV Related Services: Utilized
 - 97%, CD4 count and viral load testing
 - 90%, Case Management for Medical Services
 - 81%, AIDS Drug Assistance Program (ADAP)
2. HIV Related Services: Unable to Access
 - 30%, Supplemental Security Income (SSI)
 - 29%, Medicare/Medicaid
 - 22%, Nutritional Supplements
3. HIV Related Services: Not Needed
 - 94%, Childcare
 - 93%, Respite Care
 - 90%, Women, Infant, and Children (WIC)

Region 5, (n=6).

1. HIV Related Services: Utilized
 - 100%, CD4 count and viral load testing
 - 83%, Dental Care
 - 67%, Case Management for Medical Services
 - 67%, HIV Specialty Care
2. HIV Related Services: Unable to Access
 - 40%, Access to Clinical Trials
 - 33%, AIDS Drug Assistance Program (ADAP)
3. HIV Related Services: Not Needed
 - 100%, Food Assistance Programs
 - 100%, Respite Care
 - 83%, Alcohol/Drug Treatment
 - 83%, In Home Medical Care
 - 83%, Women, Infant, and Children (WIC)

Region 6, (n=18).

1. HIV Related Services: Utilized
100%, CD4 count and viral load testing
75%, Case Management for Medical Care
67%, HIV Specialty Care
67%, Dental Care
67%, Medicaid/Medicare
2. HIV Related Services: Unable to Access
36%, Access to Clinical Trials
39%, AIDS Drug Assistance Program (ADAP)
33%, Supplemental Security Income (SSI)
3. HIV Related Services: Not Needed
100%, Childcare
88%, Respite
83%, In Home Medical Care
83%, Mental Health for the Family
83%, OB/Gyn

Region 7, (n=11).

1. HIV Related Services: Utilized
100%, Case Management for Medical Services
90%, Dental Care
81%, CD4 count and viral load testing
2. HIV Related Services: Unable to Access
30%, Supplemental Security Income (SSI)
30%, Medicare/Medicaid
30%, Social Security Disability Income (SSDI)
3. HIV Related Services: Not Needed
100%, Clinical Trials
100%, Respite Care
100%, Alcohol/Drug Treatment
100%, Women, Infant, and Children (WIC)
100%, Childcare
100%, In Home Medical Care